

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
	IND. DEP.		IND. DEP.		IND. DEP.			IND. DEP.		IND. DEP.		IND. DEP.		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51							
2	1		1				52							
3	2		2				53							
4	2		2				54							
5	2		2				55							
6	2		2				56							
7	2		2				57							
8	2		2				58							
9	3		3				59							
10	3		3				60							
11	1	1	1	1			61							
12					1		62							
13	2		2				63							
14	2		2				64							
15	2		2				65							
16	2		2				66							
17	2		2				67							
18	2		2				68							
19	2		2				69							
20	2	2	2	2	2		70							
21	2	2	2	2	2		71							
22	2	2	2	2	2		72							
23	2	2	2	2	2		73							
24	2	2	2	2	2		74							
25	2	2	2	2	2		75							
26	2	2	2	2	2		76							
27	2	2	2	2	2		77							
28	2	2	2	2	2		78							
29	2	2	2	2	2		79							
30	2	2	2	2	2		80							
31	2	2	2	2	2		81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓	2	↓		↓	TOTAL IND.		↓		↓		↓	
TOTAL DEP.		←	56	←		←	TOTAL DEP.		←		←		←	
TOTAL CLAIMS			58				TOTAL CLAIMS							